

Name of Debtors Stage Stores, Inc., a Delaware corporation <input checked="" type="checkbox"/> Specialty Retailers, Inc., a Texas corporation Specialty Retailers, Inc. (NV), a Nevada corporation		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-415
*place an "x" beside the name of the Debtor you are filing a claim against		United States Bankruptcy Court Southern District of Texas FILED	
Name of Creditor (The person or other entity to whom the debtor owes money or property): Acushred Security		SEP 22 2000 Michael N. Milby, Clerk	
Name and address where notices should be sent: *****AUTO**3-DIGIT 757 Acushred Security PO Box 6423 Tyler TX 75711-6423 [Barcode]		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: 4/27/90 5/31/90		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 891.79 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a-____). *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 9/9/00	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): [Signature] R.E. WHITTX PRES.		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

INVOICE

91000 NEWTON 71700

INVOICE NO.

0502

Accumulated Receipts
P.O. Box 6423
Tulsa, Ok. 74111

SHIP TO:	<i>Mr. & Mrs. L. C. Baker</i>
ADDRESS:	<i>1200 N. New Creek</i>
CITY, STATE, ZIP	<i>Lawrence, Ok. 74566</i>

SHIP TO:	<i>same</i>
ADDRESS:	
CITY, STATE, ZIP	

CUSTOMER'S ORDER	SHIP BY:	TERMS:	F.O.B.	DATE
<i>Order #</i>	<i>Col</i>	<i>C.O.D.</i>		<i>5/29/00</i>

Invoice to all-site document distribution				
999	quads	4/7/00		
878	"	4/17/00		
760	"	4/21/00		
780	"	4/28/00		
Total 3817 quads			1	58 00
Check			68	21
Bk			389	23

P. O. Box 6423
Tyler, TX 75711
(903) 592-1960

Date	Invoice #
5/31/2000	75

Bill To
STAGE STORES/SPECIALTY RETAILERS ATTN: MS LESA LINDSEY PO BOX 64 JACKSONVILLE TX 75766

P.O. No.	Terms	Project
	Due on receipt	

Description	Amount
Off-site document destruction	
1290 lbs. on 5/3; 1539 lbs. on 5/12, 882 lbs. on 5/19, and 1217 lbs. on 5/26/00	591.36
Total 4928 lbs. @ .12/lb.	
Off-site discount	-88.70

Please pay from invoice. No statement will be mailed.

Subtotal	\$502.66
Sales Tax (8.25%)	\$0.00
Total	\$502.66
Payments/Credits	\$0.00
Balance Due	\$502.66